

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **532934**

(7)

1. Corporation Name

RESEARCH REPORTS, INC.

Principal Place of Business

2502 ROCKY PT DR #860
TAMPA FL 33607

Mailing Address

2502 ROCKY PT DR #860
TAMPA FL 33607



2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc

27

City & State

City & State

28

Zip

Zip

24

Country

29

25

30

Country

3. Date Incorporated or Qualified

05/04/1977

3a. Date of Last Report

02/13/1995

4. FEI Number

59-1737652

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SEVERSON, RONALD J.
2502 ROCKY POINT DR., #860
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Sign above. Type or print name of registered agent and the appropriate

(NOTE: Registered Agent's signature required when renominating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	12 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	13 STREET ADDRESS	
TITLE	NAME	14 CITY-ST-ZIP	
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	22 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	23 STREET ADDRESS	
TITLE	NAME	24 CITY-ST-ZIP	
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	32 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	33 STREET ADDRESS	
TITLE	NAME	34 CITY-ST-ZIP	
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	42 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	43 STREET ADDRESS	
TITLE	NAME	44 CITY-ST-ZIP	
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	52 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	53 STREET ADDRESS	
TITLE	NAME	54 CITY-ST-ZIP	
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	62 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	63 STREET ADDRESS	
TITLE	NAME	64 CITY-ST-ZIP	
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (12/95)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 1-8008885266
Daytime Phone #